



Identifying Depression in Mothers to Support Young Children

Many children are affected by maternal depression because depression is the most common mental health disorder affecting women during their child-bearing years. Approximately 15% of U.S. women experience depression each year, with even higher rates among highly stressed groups such as low-income women. When a mother is depressed, it can affect her child's health and development in many ways that extend from pregnancy throughout the life of the child. Children of depressed mothers are more likely than other children to develop early and lifelong emotional, behavioral, and adaptive difficulties. Although depression is readily identifiable and treatable, the majority of depressed pregnant and young mothers do not receive treatment. Encouraging higher levels of screening of, and treatment and support for, depression in mothers will benefit both mothers and their children.

Starting Life with a Depressed Mother

Infants whose mothers are de-

pressed during pregnancy are likely to develop internal systems that react to events differently than other infants. Research shows that they are more reactive to stressors, as demonstrated by biological signs such as increased heart rates, and they are more likely to have poor health and problems in early development, which in turn affect later adjustment.⁶

These changes may explain the results of a large community-based study in England that found that children exposed to higher levels of maternal anxiety and depression during the prenatal period were more likely to have behavioral and emotional problems at age four, even after taking into consideration factors such as income, problems during pregnancy, and exposure to the mother's anxiety and depression during childhood.¹⁰ This does not mean that infants of mothers who have mild to moderate levels of distress during pregnancy develop problems. In fact, it appears that when mothers have manageable stress during pregnancy, their children have slightly more advanced motor development at age two.⁴

Toddlers and Young Children

Young children of depressed mothers are more likely to exhibit difficulties with regulating and managing their emotions, developing a secure attachment, and language development, compared to children of non-depressed mothers.¹ As they enter school, many children of depressed mothers display difficulties, including negative self-concept, disruptive or withdrawn behavior, attention problems, cognitive deficits, impaired social behaviors, and reduced academic achievement.^{5,7} As they move into adolescence, their risk of developing a mental disorder increases.

Efforts to reduce the negative influence of having a mother with depression highlight the importance of parent-child interactions and the quality of the family environment, because children's development occurs within the family context. Not surprisingly, when mothers are depressed, they are much less available, warm, and responsive to their children than mothers who are not depressed. Their families often have

higher rates of conflict and stress, less consistent discipline, and less secure attachments than families without a depressed mother.³

Importantly, mothers with depression are very concerned about the effects of their problems on their children and want to ensure that their children grow up to be mentally healthy and happy. Helping mothers through their own difficulties and preventing the legacy of depression from one generation to the next is a complex task that needs to become a major public health priority. Increased public awareness and significant changes in the health care system are also critical to the successful prevention of similar problems in children. The three basic steps outlined below represent an appropriate and feasible response to this important public health challenge.

Three Basic Steps

First, routine screening of mothers is imperative and consistent with the 2002 US Preventative Services Task Force recommendations to routinely screen all adults in medical care for depression. Although many obstetricians and pediatricians believe that they have a role in the identification and referral of mothers who are depressed, a lack of training and time are often cited as major barriers to screening. In addition to the low rates of screening by medical professionals, mothers also report barriers to discussing depression with their providers. Mothers identify feelings of mistrust or fear of judgment as concerns, particularly immigrant women and women in racial/ethnic minority populations.^{8,9} Additional training for providers and increased public awareness and education campaigns, including those directed towards reducing stigma, may help reduce these barriers to screening for and discussing a mother's feelings of depression during her medical visits.

When a mother is identified as having a high level of depressive symptoms, a plan must be in place that provides doctors and nurses with clear guidance about where to refer her for treatment, how to ensure that

the referral is completed, and how to communicate with the mental health provider to ensure coordinated care. Improved practice collaborations (supported by policy development) among obstetricians, pediatricians, and mental health providers, will likely facilitate the referral process.

Second, because engaging depressed individuals in treatment is challenging, developing strategies to overcome barriers to success is critical. Both medication and psychotherapy are effective in treating depression for the majority of women. Because many pregnant and/or nursing mothers and their doctors choose not to use medication, it is critical that evidence-based psychotherapy treatments, such as cognitive behavioral therapy and interpersonal therapy, are readily available and affordable in their communities. Psychotherapy may offer benefits beyond medication, for example, by helping increase skills to manage highly stressful situations.

Third, even when a mother with depression receives treatment, her children should also receive supports for healthy development. Fortunately, there are several promising and efficacious interventions available to strengthen the family and parenting relationships affected by maternal depression. One effective intervention program that focuses on the interactions that occur between the mother and child, the Toddler-Parent Psychotherapy Program,^{2,11} appears to have several positive effects, including improvement in the attachment relationship between the mother and child. Other successful evidence-based preventive interventions are available for school-age children and adolescents. Depending on the ages of the children involved, these programs may target the quality of the parent-child relationship, consistency of discipline, coping, and children's understanding that they are not to blame and cannot fix their mother's depression. However, despite their existence, these programs are not widely available. Efforts should be made to publicize and promote their adoption. In addition, cultural adaptations may be needed to ensure that families

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of different socioeconomic and cultural backgrounds benefit from these programs that are designed to help the child and parent, and the family as a whole.

Though parents' health is critical for the health, health care, and development of their children, parental health receives almost no attention in



public policy. A scientifically grounded model of family health is needed to guide policies and programs and support the development and dissemination of interventions to reduce the impact of parental depression and other disorders on children. Conversations at the local, state, and federal levels are necessary to build consensus on the ways the U.S. health care and other systems can ensure access to services designed to identify and treat parents with depression or other illnesses. This will help children avoid some of the risks associated with maternal depression, the effects of which can last a lifetime.

Author's Note: This article is focused on maternal depression due to the high prevalence and attention given to this issue in prior research, but recognizes that similarly negative outcomes occur and similar interventions are needed when a father is depressed.

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